ther the disease of the heart can be in any way shown to be the result of that of the kidney?

Let us, first of all, endeavour to reconcile it with the former hypothesis. The hypertrophy of the left ventricle, then, was notable, and its injecting force must have been excessive; there is, however, much difficulty in accounting for this hypertrophy, as there was no valvular disease, unless we refer it to the morbid changes which had taken place in the arteries, and which may certainly be regarded as a real and a sufficient cause for the phenomenon; for it must be obvious that the disease of the arteries was not produced by the violence which might have been done to their lining membranes by the too powerful ventricles; since, in the arch of the aorta, where such violence would have been the greatest, the injury was less than in the descending portion, where the force of the heart's action must have been far less.

According to this hypothesis, then, the arterial derangement must have been the primary lesion, which, by the impediment it offered to the free passage of the blood, gave rise to hypertrophy of the left ventricle, which, in its turn, by its too powerful injecting force, caused a congestion of the kidneys, which led to their ultimate disorganisation. It need hardly be remarked that there is a contradiction involved in the very terms of the explanation; but further than this, there is the difficulty of explaining why the kidneys should have suffered so much, whilst the liver, which is generally the first organ to be affected by disease of the heart, should have escaped; and, also, of accounting for disease of the arteries, which, there is every reason to believe, is a rare affection when occurring idiopathically.

Let us now assume that the disease of the kidney was the primary affection; and, in so doing, we may observe that we are not met *in limine* by the same difficulty which we had to encounter on the former hypothesis; for although to assume that the kidneys are often primarily affected with this disease would be, in some measure, begging the question, yet numberless analogies may be drawn from other secreting organs, to show that over-stimulation may give rise to hyperæmia and subsequent disorganisation; and that the kidneys were so stimulated in this case, is rendered highly probable, from the history of the invasion of the disease as well as the previous habits of the patient. It is also ascertained that changes were produced in the condition both of the secretion of the kidneys and of the blood; the former being deficient in some of its natural, solid contents, which were found to exist in excess in the blood; whilst the latter fluid was deficient in an important solid ingredient, which was being continually abstracted by the kidneys; so that there was a two-fold change produced in the latter fluid—namely, the presence of an irritating substance, which it is the office of the kidneys in health to remove, and also the absence of a substance which, independently of other important purposes in the animal economy, gives to the blood a viscosity which (according to the observations of Magendie) renders it more easy of transmission through the capillary vessels. We have, then, a cause sufficient to account for the disease in the arterial tunics, whereby the circulation in the larger vessels must be impeded, as well as a further obstacle

to the transmission of the blood resulting from the change in the blood itself, both of which circumstances must have co-operated in producing the hypertrophy of the left ventricle. It cannot, then, I think, be doubted, that the latter hypothesis accounts for the phenomena in this instance more readily than the former.

We are, then, I think, justified in concluding that, although disease in the heart or lungs may, by the impediment which it causes to the return of blood through the veins, give rise to congestion in the kidneys in common with other organs in the abdomen, and thereby derange their functions, and in some cases lead to their ultimate disorganisation, yet, as such disease was the least in those cases where the renal disease was the most advanced, and the converse, we are not to conclude that such disease in the chest is the universal or even frequent cause of the true renal disease, and that we must look elsewhere for the seat of the primary lesion in this formidable malady.—*Guy's Hospital Reports.*

PUERPERAL CONVULSIONS IN UNION HOUSES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Having lately had four cases of puerperal convulsions in the union house of this place, to which I have been surgeon since it was first opened, I am anxious to ascertain, from others holding similar appointments, if cases of the same kind have occurred to them in the same proportion.

I have been in practice since the year 1824, and during the whole of that period have had but three or four cases of genuine puerperal convulsions in my private practice, though I have attended at least 2,500 cases of labor.

I have seen some others also in the practice of my neighbours, but altogether they would bear no proportion to the number occurring in this union house, which was opened in January, 1840, and since that time has received only altogether fifty-nine labor cases; of these, forty-one have been of illegitimate children. Of the four cases of convulsions above mentioned, one was a married woman, mother of four children; two were unmarried, and first children; and one states herself to be a married woman, and her first child, but, being a vagrant, is not to be depended on. I have had no experience in midwifery in public institutions, and am not, therefore, aware of the relative proportion of these cases in them, and I have no opportunity of access to any statistical accounts; but still I cannot but think that the proportion above mentioned, four in fifty-nine, must be far beyond what is ordinary even in them.

There are many circumstances attending union houses which do not belong to private practice, or even to in-door lying-in institutions. In private practice there is still the feeling of home, however homely the condition of the patient may be, or however severe the privations attached to it; and in lying-in hospitals, though the patient is immured, it is voluntarily, and is submitted to in preference to destitution, to bad nursing, and want of attendance and medical care; but, in union houses, the patient goes there from

compulsion, often from the most intense privations, borne until no longer endurable, especially if a married woman, and, if single, in a state of mental despondency and irritability, which is aggravated by the close confinement which the rules of the house prescribe.

Besides the confinement belonging to these houses, the change of diet, from extreme want to sufficiency, is not unlikely to operate prejudicially, when combined with loss of exercise, and of the society of friends.

Still there are many circumstances connected with them which counterbalance these disadvantages, in the good nursing, medical attendance, general cleanliness, and physical comforts which they undoubtedly allow to those who would otherwise, at their own miserable homes, be subjected to accumulated suffering. In our own union house I can bear witness to the attention that is given to these cases by the mistress, and that they have every comfort and every indulgence which the rules allow, both before and after confinement, so that there can be no in-door reason for a preponderance of these lamentable diseases, beyond what is common to all such institutions. I am, therefore, the more anxious to ascertain if any of your readers have observed similar results.

I will not now trespass on your pages with a relation of the cases; I treated them, as is usual, with bleeding, according to the severity of the attack, and their powers of bearing it, with cold to the head, turpentine enemata, mustard cataplasms, and occasionally an opiate after bleeding, to allay irritability, and, with the exception of one case, they all did well; my intention being, as I have previously stated, merely to obtain the results of the experience of others under similar circumstances, or whose experience is yet wanting, to show the possibility of occurrences so truly mortifying, and so full of anxiety to the medical attendant.

I am, Gentlemen,
Your obliged servant,
ROBERT STORRS.

Doncaster, May 16, 1843.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I am extremely happy to perceive, from the letter of Mr. Lee, in your last Number, that the benevolent fund of the association is beginning to attract the notice of the members.

Amongst the various objects proposed to be fulfilled by the founders of the association, useful and honorable as they are, and well as they have been in general carried out, none, in my mind, is so creditable to the society as the formation of the benevolent fund, which took place at the anniversary meeting held at Oxford in 1835. I would here remark, that it is *purely* a benevolent fund, *not* a benefit society, to obtain relief from which it is necessary to have been a subscriber for a certain number of years previously. The only claim to relief from our fund is to be a recognised member of the profession (or the widow or child of one), to be in distressed circumstances, and to possess a good moral character. To those who will take the

trouble of looking over the annual reports made to the association by the central committee, it will be evident how much good has already been done by the charity, and equally evident how much *more* might have been done, had each member of the association contributed only a few shillings annually. Perhaps no one can form an idea of the numerous instances of distress and destitution that exist amongst highly respectable and worthy members of our profession, except those who, like the committee of the benevolent fund, are in the habit of having such cases brought before them. Many such cases the committee have had the gratification of relieving, and some of them connexions and descendants of medical men of the highest fame and character; but they have also in many instances been compelled, from the inadequacy of the funds at their disposal, to decline giving aid, where the circumstances would otherwise have fully warranted a liberal donation.

The fund, although established in 1835, did not commence its operations until 1836, between which year and the month of July, 1840, the sum of £275 was dispensed by the committee to distressed members of the profession or their families. At the anniversary meeting held at Southampton in 1840, it was found necessary, from want of money, to suspend the operations of the committee, and during the space of the two following years no aid was granted, during which period the claims for relief, as may be supposed, accumulated greatly. At length, at the meeting held last year at Exeter, the restriction upon the committee was taken off, and since that time more than £200 has been distributed in small sums to the most urgent cases brought before the committee. Once more the available fund is nearly exhausted, and I would earnestly entreat every member of the profession, and every benevolent person, to aid this admirable charity to such extent as may be in their power. There are very few who could not afford to give five shillings annually, and many who could give much more; and it should be borne in mind that it is the *annual subscriptions only* that are available for the immediate purpose of relieving distress, the *donation* fund being an accumulating one, to be hereafter applied to the granting of loans and annuities to aged and infirm members of the profession or their families.

I beg to add, that annual subscriptions are due on the 1st of July each year, and I earnestly join in the hope expressed by your correspondent, Mr. Lee, that at the approaching anniversary meeting every member of the association will devote a small sum as an annual subscription to the benevolent fund, as I feel persuaded that if each individual member could be made acquainted with the particulars of the numerous appeals made to the committee, or read the letters of grateful thanks addressed to them for assistance rendered, they would deem it their greatest privilege and highest gratification to be enabled, in the smallest degree, to contribute to such a truly benevolent object.

I am, Gentlemen,
Your obedient servant,
WILLIAM CONOLLY,
Hon. Secretary and Treasurer to the
Benevolent Fund.

Castleton-house, near Cheltenham,
May 19, 1843.